

## ADULT MANIFESTATIONS OF CHILDHOOD SEXUAL ABUSE

Early childhood trauma such as with any form of sexual abuse can have long lasting affects throughout adulthood. The American College of Obstetricians and Gynecologists provide the following definition of childhood sexual abuse, common symptoms in adult survivors of childhood sexual abuse, primary aftereffects of childhood sexual abuse, and how to seek assistance.

### How is Child Sexual Abuse Defined?

There is no universal definition of child sexual abuse. However, a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. Child sexual abuse is not solely restricted to physical contact; such abuse could include noncontact abuse, such as exposure, voyeurism, and child pornography.

### How common is Sexual Abuse?

The prevalence of childhood sexual abuse in the United States is not known. Because of the shame and stigma associated with abuse, many victims never disclose such experiences. Incest was once thought to be so rare that its occurrence was inconsequential. However, in the past 25 years there has been increased recognition that incest and other forms of childhood sexual abuse occur with alarming frequency. Researchers have found that victims come from all cultural, racial, and economic groups. Current estimates of incest and other childhood sexual abuse range from 12% to 40% depending on settings and population. Most studies have found that among women, approximately 20% - or 1 in 5 - have experienced childhood sexual abuse. Consistent with this range, studies have revealed that:

Among girls who had sex before they were 13 years old, 22% reported that first sex was nonvoluntary. Twelve percent of girls in grades 9 through 12 reported they had been sexually abused; 7% of girls in grades 5 through 8 also reported sexual abuse. Of all the girls who experienced sexual abuse, 65% reported the abuse occurred more than once, 57% reported the abuser was a family member, and 53% reported the abuse occurred at home. Approximately 40% of the women surveyed in a primary care setting had experienced some form of childhood sexual contact; of those, 1 in 6 had been raped as a child. A national telephone survey on violence against women conducted by the National Institute of Justice and the Centers for Disease Control and Prevention found that 18% of 8,000 women surveyed had experienced a completed or attempted rape at some time in their lives. Of this number, 22% were younger than 12 years and 32% were between 12 and 17 years old when they were first raped.

### What are the Common Symptoms in Adult Survivors of Sexual Abuse?

Although there is no single syndrome that is universally present in adult survivors of childhood sexual abuse, there is an extensive body of research that documents adverse short- and long-term effects of such abuse. To appropriately treat and manage survivors of CSA, it is useful to understand that survivors' symptoms or behavioral sequelae often represent coping strategies employed in response to abnormal, traumatic events. These coping mechanisms are used for protection during the abuse or later to guard against feelings of overwhelming helplessness and terror. Although some of these coping strategies may eventually lead to health problems, if symptoms are evaluated outside their original context, survivors may be misdiagnosed or mislabeled.

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In addition to the psychologic distress that may potentiate survivors' symptoms, there is evidence that abuse may result in biophysical changes. For example, one study found that, after controlling for history of psychiatric disturbance, adult survivors had lowered thresholds for pain. It also has been suggested that chronic or traumatic stimulation (especially in the pelvic or abdominal region) heightens sensitivity, resulting in persistent pain such as abdominal and pelvic pain or other bowel symptoms.

Although responses to sexual abuse vary, there is remarkable consistency in mental health symptoms, especially depression and anxiety. These mental health symptoms may be found alone or more often in tandem with physical and behavioral symptoms. More extreme symptoms are associated with abuse onset at an early age, extended or frequent abuse, incest by a parent, or use of force. Responses may be mitigated by such factors as inherent resiliency or supportive responses from individuals who are important to the victim. Even without therapeutic intervention, some survivors maintain the outward appearance of being unaffected by their abuse. Most, however, experience pervasive and deleterious consequences.

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| • Physical Presentations      | • Chronic back pain                        | • Poor contraceptive practices                   |
| • Chronic pelvic pain         | • Psychologic and Behavioral Presentations | • Compulsive sexual behaviors                    |
| • Gastrointestinal symptoms   | • Depression and anxiety                   | • Somatizing disorders                           |
| • Musculoskeletal complaints  | • Posttraumatic stress disorder symptoms   | • Eating disorders                               |
| • Obesity, eating disorders   | • Dissociative states                      | • Poor adherence to medical recommendations      |
| • Insomnia, sleep disorders   | • Repeated self-injury                     | • Intolerance of or constant search for intimacy |
| • Pseudocyesis                | • Suicide attempts                         | • Expectation of early death                     |
| • Sexual dysfunction          | • Lying, stealing, truancy, running away   |  |
| • Asthma/respiratory ailments |  |  |
| • Addiction                   |  |  |
| • Chronic headache            |  |  |

## What are the Aftereffects of Sexual Abuse?

The primary aftereffects of childhood sexual abuse have been divided into seven distinct, but overlapping categories:

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| • Emotional reactions                              | • Physical and biomedical effects     |
| • Symptoms of posttraumatic stress disorder (PTSD) | • Sexual effects (high risk behavior) |
| • Self-perceptions                                 | • Interpersonal effects               |
|  | • Social functioning                  |

Responses can be greatly variable and idiosyncratic within the seven categories. Also, survivors may fluctuate between being highly symptomatic and relatively symptom free. Health care providers should be aware that such variability is normal.

## Where to go for Help In Los Angeles County?

Call the Los Angeles County Department of Mental Health at 1-800-854-7771 and ask for their "Community Based Counseling" referrals or visit their website to find mental health service providers in your area of Los Angeles County at [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us)

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